| NORTHERN   | TATES DISTRICT<br>DISTRICT OF CA<br>CAND 435<br>AND Rev. 08/2018)   |                    | TRANSCRIPT ORDER  Please use one form per court reporter.  CJA counsel please use Form CJA24  Please read instructions on next page. |             |                                 |  |                      |                  |                      |  |                   | COURT USE ONLY <b>DUE DATE:</b> |                     |                   |          |  |  |
|--|---|--------------------|--|-------------|---------------------------------|--|----------------------|------------------|----------------------|--|-------------------|---------------------------------|---------------------|-------------------|----------|--|--|
|  |   |                    |  |             | ONTACT PHONE NUMBER 2) 641-3200 |  |                      |                  |                      | 3. CONTACT EMAIL ADDRESS dfan@sperling-law.com       |                   |                                 |                     |                   |          |  |  |
|  |   |                    |  |             | TORNEY PHONE NUMBER 2) 641-3200 |  |                      |                  |                      | 3. ATTORNEY EMAIL ADDRESS dgermaine@sperling-law.com |                   |                                 |                     |                   |          |  |  |
| 4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) Sperling & Slater 55 W. Monroe St., Suite 3200 Chicago, Illinois 60603 |   |                    |  |             |                                 | 5. CASE NAME Epic Games, Inc. v. Apple Inc.  |                      |                  |                      |  |                   | 6. CASE NUMBER 20-cv-05640      |                     |                   |          |  |  |
| 7. COURT REPORTER NAME ( FOR FTR, LEAVE BLANK AND CHECK BOX)→ ☐ FTR  Raynee Mercado  |   |                    |  |             |                                 | 8. THIS TRANSCRIPT ORDER IS FOR:       APPEAL                                      |                      |                  |                      |  |                   |                                 |                     |                   |          |  |  |
| 9. TRANSCRIPT  | 9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type: |                    |  |             |                                 |  |                      |                  |                      |  |                   |                                 |                     |                   |          |  |  |
| I A HEARING(S) (OR PORTIONS OF HEARINGS)   |   |                    |  |             |                                 | FORMAT(S) (NOTE: ECF access is included irchase of PDF, text, paper or condensed.) |                      |                  |                      | c. DELIVERY TYPE (Choose one per line)               |                   |                                 |                     |                   |          |  |  |
| DATE   | JUDGE<br>(initials)   | TYPE<br>(e.g. CMC) | PORTION<br>If requesting less than full hear<br>specify portion (e.g. witness or ti  | ng, (email) | TEXT/ASCII<br>(email)           | PAPER  | CONDENSED<br>(email) | ECF ACCESS (web) | ORDINARY<br>(30-day) | 14-Day   | EXPEDITED (7-day) | 3-DAY                           | DAILY<br>(Next day) | HOURLY<br>(2 hrs) | REALTIME |  |  |
| 09/28/2020   | YGR   | PI                 |  |             | 0                               | 0  | 0                    | 0                | 0                    | 0  |                   | 0                               | 0                   | 0                 | 0        |  |  |
|  |   |                    |  | 0           | 0                               | 0  | 0                    | 0                | 0                    | 0  | 0                 | 0                               | 0                   | 0                 | 0        |  |  |
|  |   |                    |  | 0           | 0                               | 0  | 0                    | 0                | 0                    | 0  | 0                 | 0                               | 0                   | 0                 | 0        |  |  |
|  |   |                    |  | 0           | 0                               | 0  | 0                    | 0                | 0                    | 0  | 0                 | 0                               | 0                   | 0                 | 0        |  |  |
|  |   |                    |  | 0           | 0                               | 0  | 0                    | 0                | 0                    | 0  | 0                 | 0                               | 0                   | 0                 | 0        |  |  |
|  |   |                    |  | 0           | 0                               | 0  | 0                    | 0                | 0                    | 0  | 0                 | 0                               | 0                   | 0                 | 0        |  |  |
| 10. ADDITIONA  | 10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:  |                    |  |             |                                 |  |                      |                  |                      |  |                   |                                 |                     |                   |          |  |  |
| ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).             |   |                    |  |             |                                 |  |                      |                  |                      |  |                   | 12. DATE                        |                     |                   |          |  |  |
| 11. SIGNATURI  | 1. SIGNATURE /s/ David P. Germaine  |                    |  |             |                                 |  |                      |                  |                      |  |                   |                                 | 09/30/2020          |                   |          |  |  |

Clear Form